

Name
in
Full

Salem Ballard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Princess Anne* County *Dorchester* **MARYLAND**

Died at *Princess Anne*

Date of death 19*90* Month *April* Day *1* Age *22* Months *+* Days

Sex *Male* Color or Race *Colored* Birth-place *md.*

Occupation *Laborer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Henry Ballard* Father's Birthplace *md.*

Mother's Maiden Name *Maggie Collins* Mother's Birthplace *md.*

Name of person giving Information *Chas. Ballard* How related to deceased *Bro.*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

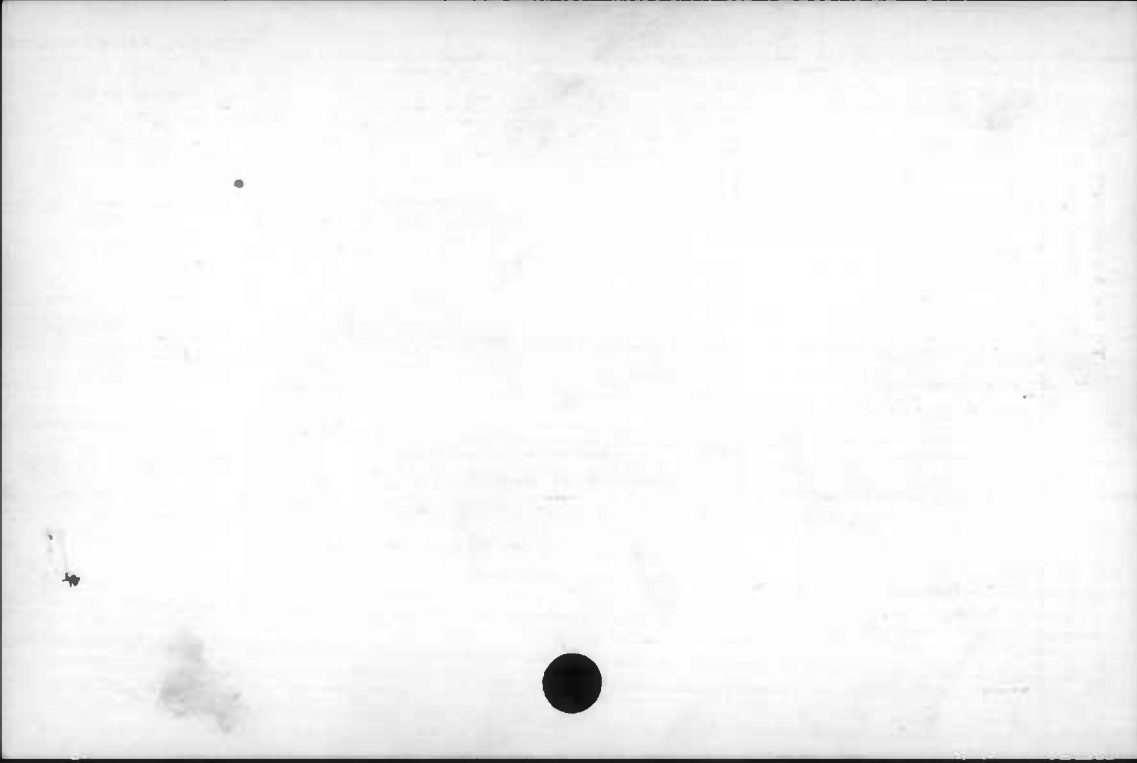
Primary *Pulmonary Tuberculosis* How long *About 6 mos.*

Immediate *Asphyxiated* How long *Progressive*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Chas. J. Fisher, M.D.*

Address *Princess Anne, Md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Calvin Brooks

Died at *Mt Vernon* Town *Somerset* County

DATE of death *1980 Apr 21* Month Day Year *73* Months Days

Sex *Male* Color or Race *White* Birth-place *Somerset Co*

Occupation *Labourer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret Brooks*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *John Green* How related to deceased *Son in law*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

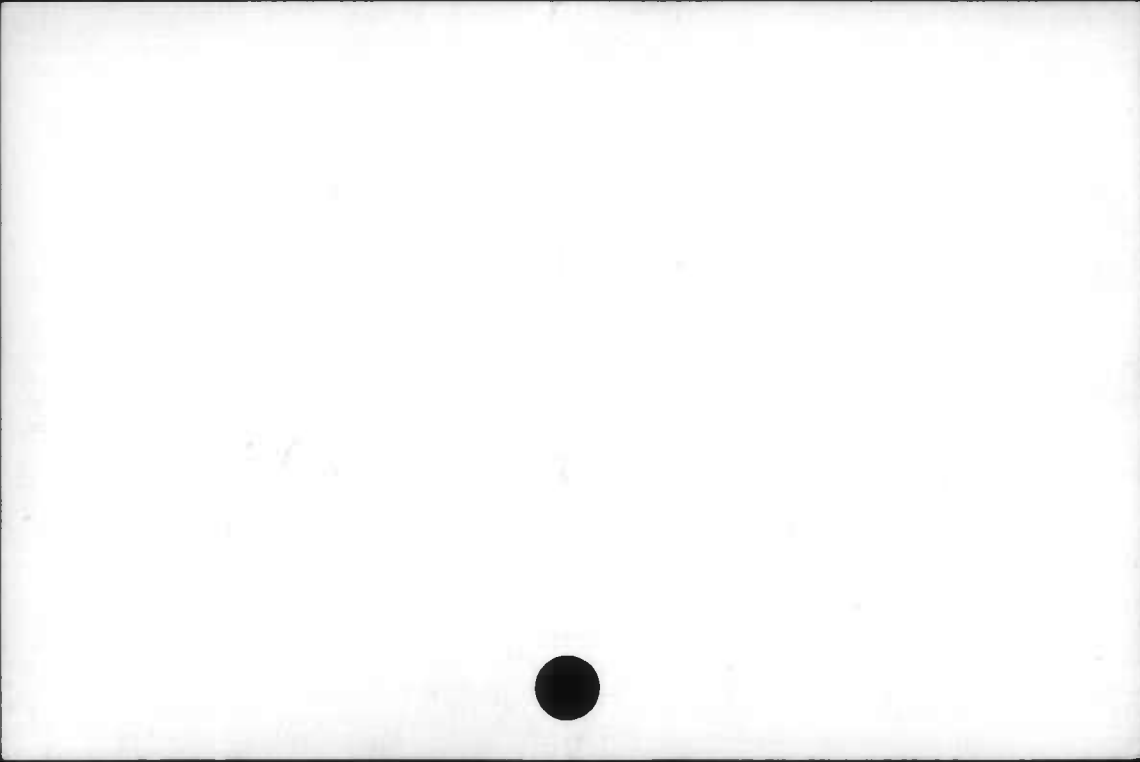
Primary *La Grippe & old age* How long

Immediate *Yes* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. B. B. M.D.* Address *Crofton Centre, Md., P. O. No. 2*

Accident or Suicide



Name
In
Full

Sidney J. C. Church

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Kingston</i>		Town <i>Kingston</i>		County <i>Somerset</i>		MARYLAND	
Date of death	<i>1910</i>	Month <i>Apr</i>	Day <i>10</i>	Age <i>2</i>	Years <i>2</i>	Months <i>6</i>	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Somerset Co</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>L. W. Church</i>			Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Laura Church</i>			Mother's Birthplace <i>—</i>				
Name of person giving information <i>Will Church</i>			How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Cerebro Spinal Meningitis</i>	How long <i>61</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>[Signature]</i>	Address <i>R. E. Caldwell M.D.</i>
Accident or Suicide?	<i>J. J. Adams</i>



Name
in
Full

Thos E Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

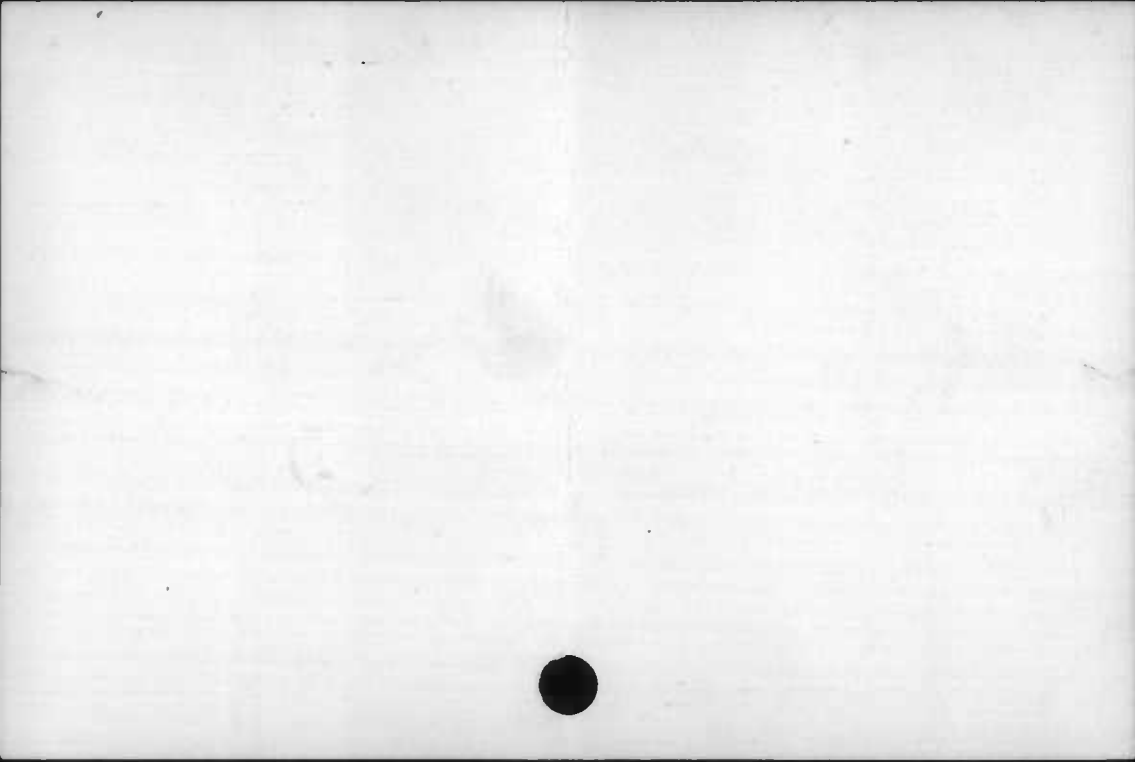
Died at <i>Fairmount</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	<i>1960</i> Month <i>April</i> Day <i>2</i>	Age	<i>36</i> Years	Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Fairmount</i>
Occupation	<i>Oysterman</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Ella Ford</i>		
Father's Name	<i>Leonard Ford</i>			Father's Birthplace	<i>Fairmount</i>
Mother's Maiden Name	<i>Susan Howard</i>			Mother's Birthplace	<i>Dorchester</i>
Name of person giving information	<i>John S. Ford</i>			How related to deceased	<i>Cousin</i>

CAUSES OF DEATH

39

PHYSICIAN
OR CORONER

Primary	<i>Intestinal Tuberculosis</i>	How long	<i>About 4 years</i>
Immediate	<i>Intestinal Tuberculosis</i>	How long	<i>About 4 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	<i>J. B. Dickinson</i>
		Address	<i>Upper Fairmount Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

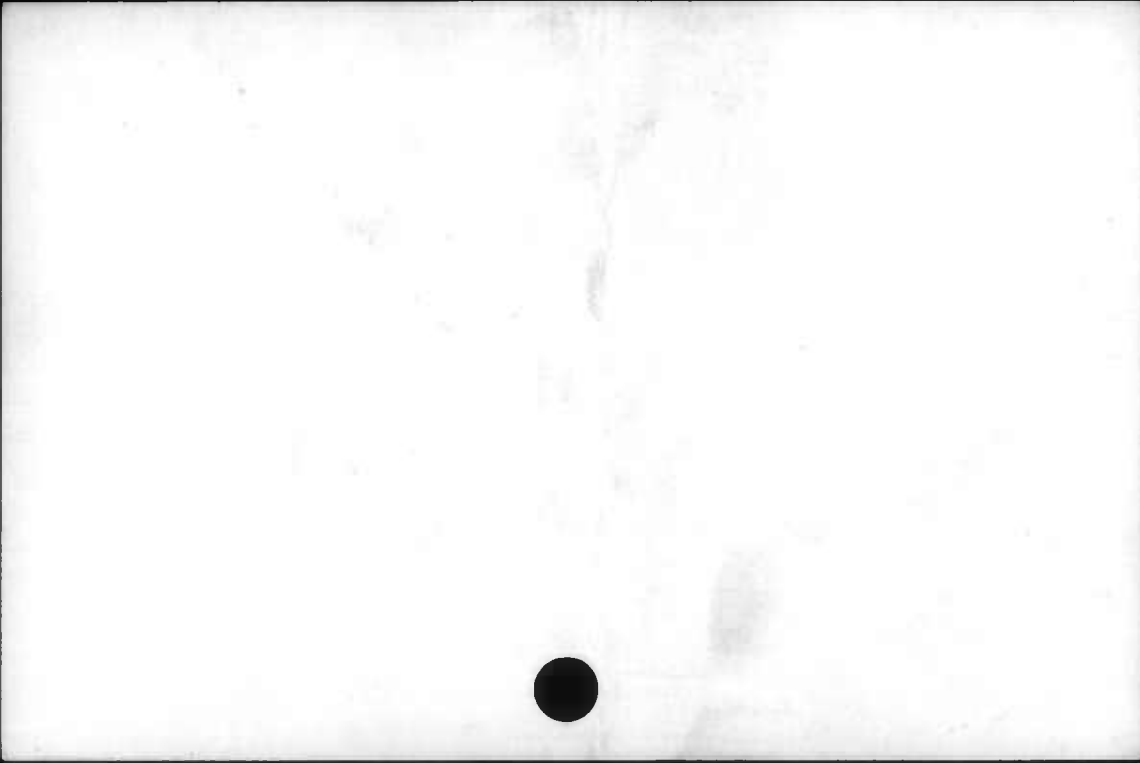
Name *Caroline Gale* Town *Mt Vernon* County *Sumner*
Died at *Mt Vernon* Maryland
Date of death *1960 Apr 26* Age *95*
Sex *Female* Color or Race *Black* Birth-place *Sumner Co*
Occupation *None* Where Residing if not at place of death
Married, Single or Widowed *Widowed* Name of Wife or Husband *John Gale*
Father's Name *John Cornish* Father's Birthplace *Sumner Co*
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
Name of person giving Information *Sidney Nutter* How related to deceased *None*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary *Old age & infirmity* How long *1 year*
Immediate
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. B. Barnes*
Address *Crimson, Ga. Md.*
Accident or Suicide *No.*



Name
in
Full

Richard Hales

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Upper Fairmount</i>		County <i>Comer set</i>		MARYLAND	
Date of death		19 <i>00</i>	Month <i>April</i>	Day <i>21st</i>	Age <i>About 90</i>	Years	Months
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth place	<i>Louisiana</i>
Occupation	<i>laborer</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Widower</i>			Name of Wife or Husband <i>—</i>			
Father's Name	<i>Joseph Hales</i>				Father's Birthplace	<i>La</i>	
Mother's Maiden Name	<i>Don't know</i>				Mother's Birthplace	<i>La</i>	
Name of person giving information	<i>Lockwood Cullen</i>				How related to deceased	<i>Step son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Valvular Disease of Heart</i>		How long	<i>2 or 3 years</i>
Immediate	<i>" " " "</i>		How long	<i>2 or 3 years</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>G. E. Dickinson</i> Address <i>Upper Fairmount</i> <i>M. d.</i>		
Accident or Suicide?				



Name
in
Full

Gamalia Haynie

CERTIFICATE OF DEATH

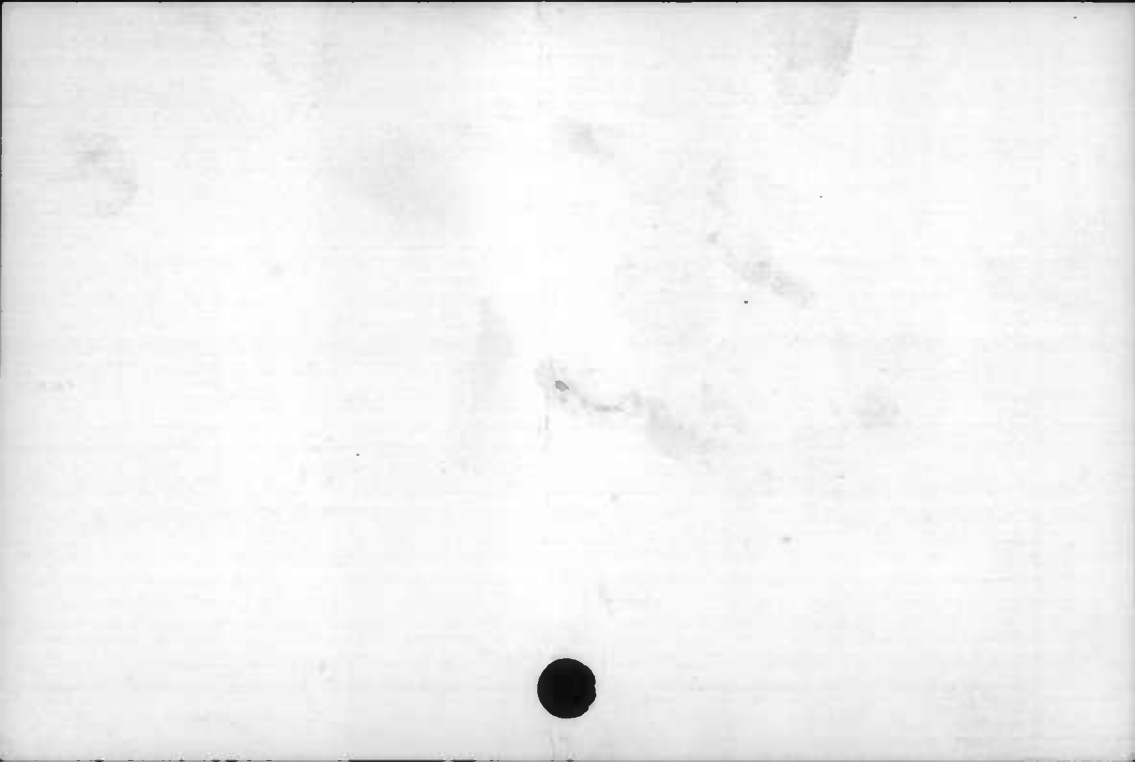
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Sandownville ^{County} Somerset-
 Date of death 19 ^{Month} 10 ^{Day} April ^{Age} 15 ^{Years} 7 ^{Months} 7 ^{Days} 7
 Sex ^{Male} Color or Race ^{White} Birth-place ^{Virginia}
 Occupation ^{Cyplerman} Where Residing if not at place of death [—]
 Married, Single or Widowed ^{Married} Name of Wife or Husband ^{Emily C. Haynie}
 Father's Name ^{Don't know} Father's Birthplace ^{No.}
 Mother's Maiden Name ^{Don't know} Mother's Birthplace ^{No.}
 Name of person giving information ^{Robert Haynie} How related to deceased ^{Son}

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary ^{Softening of Brain} How long ⁶⁶ ^{One year}
 Immediate ^{Hemiplegia} How long ^{a few minutes}
 Are the name, age, sex, color, date and place correctly given above? ^{yes} Signature of Physician ^{G. E. Dickinson}
 Address ^{Upper Fairmount Md.}
 Accident or Suicide? [—]



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Laletia Jones</i>		Town <i>Ashbury</i>		County <i>Som</i>		MARYLAND					
Died at		Month <i>April</i>		Day <i>16</i>		Years <i>1</i>		Months <i>10</i>		Days	
Date of death <i>1900</i>		Age <i>1</i>		Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Ind</i>		Occupation <i>Infant</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Where Residing if not at place of death <i>—</i>							
Father's Name <i>Wm H. Jones</i>		Father's Birthplace <i>Ind.</i>		Mother's Maiden Name <i>Katherine Sterling</i>		Mother's Birthplace <i>Ind.</i>		How related to deceased <i>Father</i>			
Name of person giving Information <i>Wm H. Jones</i>											

CAUSES OF DEATH

Primary

Whooping Cough
Convulsion

How long

one week

Immediate

How long

*one day*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

W. F. Hall
Confield Md

Accident or Suicide

*no*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Willie Esther May Jones*
Died at *Chance* Town *Somerset* County
Date of death 19*00* Month *Apr.* Day *26* Age *1* Years Months *17* Days
Sex *Female* Color or Race *Colored* Birth-place *Som. Co.*
Occupation _____ Where Residing if not at place of death _____

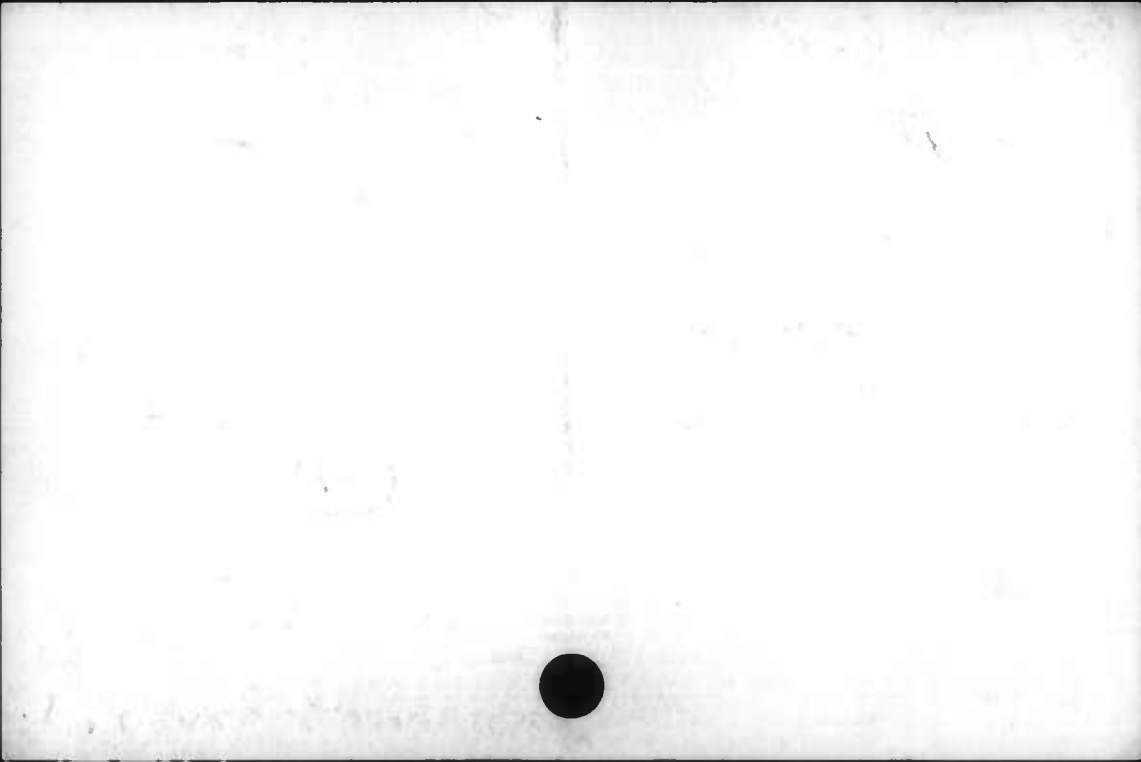
Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *John H. H. Jones* Father's Birthplace *Som. Co.*
Mother's Maiden Name *Mary A. Jones* Mother's Birthplace *Som. Co.*
Name of person giving Information *John H. Jones* How related to deceased *Father*

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *2 mos.*
Immediate *Asthma* How long _____
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *S. J. Windsor M.D.*
Address *Dumas, La. Somerset Co., Md.*
Accident or Suicide _____



Name
in
Full

Stille born Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Harris Quarter</i>		Town		County <i>Sanient</i>	
Date of death <i>1900</i>	Month <i>April</i>	Day <i>25</i>	Age	Years	Months
Sex <i>male</i>	Color or Race <i>balang</i>		Birth-place <i>San Co</i>		Days
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Clark Jones</i>			Father's Birthplace <i>San Co</i>		
Mother's Maiden Name <i>Albitta Jones</i>			Mother's Birthplace <i>San Co</i>		
Name of person giving information <i>Asbury Jones</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stille born</i>	How long <i>8</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. S. Kelly</i>	
	Address <i>Sub Regis</i>	
Accident or Suicide?	<i>Harris Quarter San Co Md</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Harriet J. Kane* Town *Marion* County *Somerset* MARYLAND

Died at *Marion*

Date of death 19*60* Month *14* Day *6* Age *38* Years Months *9* Days *5*

Sex *Female* Color or Race *Black* Birth-place *Marion Mo*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of Wife or Husband *Geo W. Kane*

Father's Name *Janner Gunby* Father's Birthplace *Marion*

Mother's Maiden Name *Priscilla Ballard* Mother's Birthplace *Marion Mo*

Name of person giving Information *Geo W Kane* How related to deceased *Harbourn*

229

CAUSES OF DEATH

PHYSICIAN
OR CORONER

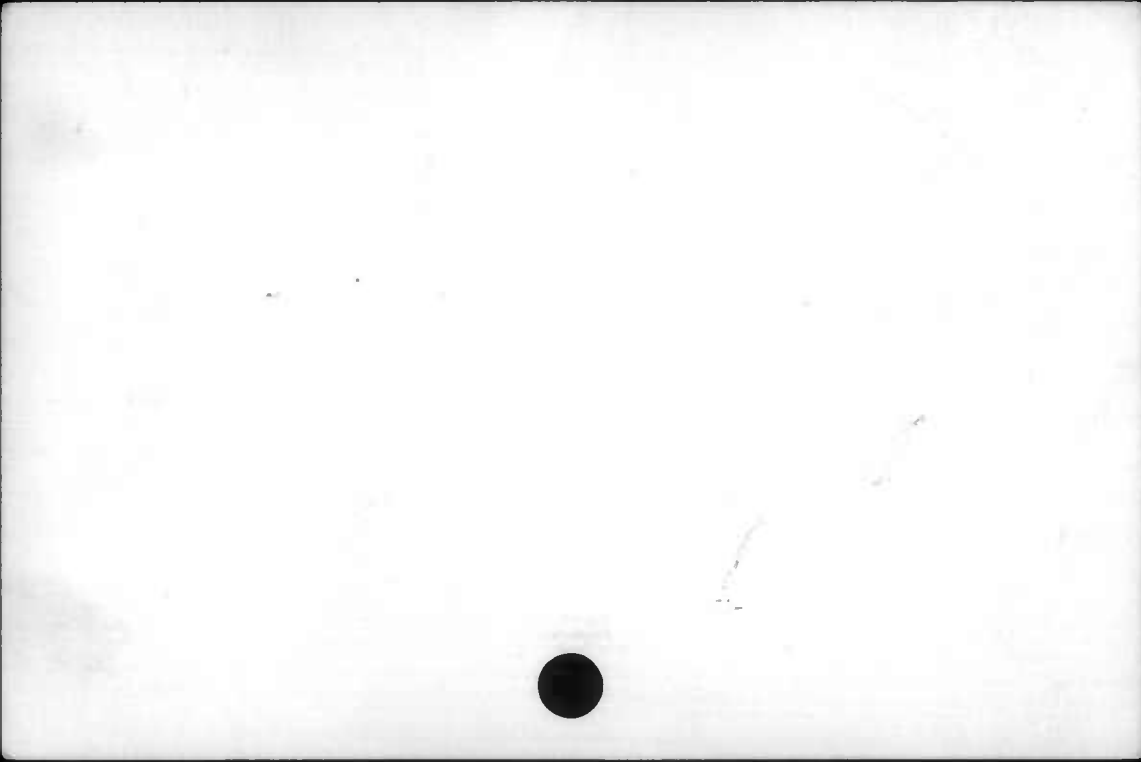
Primary *Pulmonary Consumption* How long *about 1 year*

Immediate *Haemoptysis* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. H. Hall* Address *Crisfield*

Accident or Suicide *no*



Name
in
Full

Naoma McClary

CERTIFICATE OF DEATH

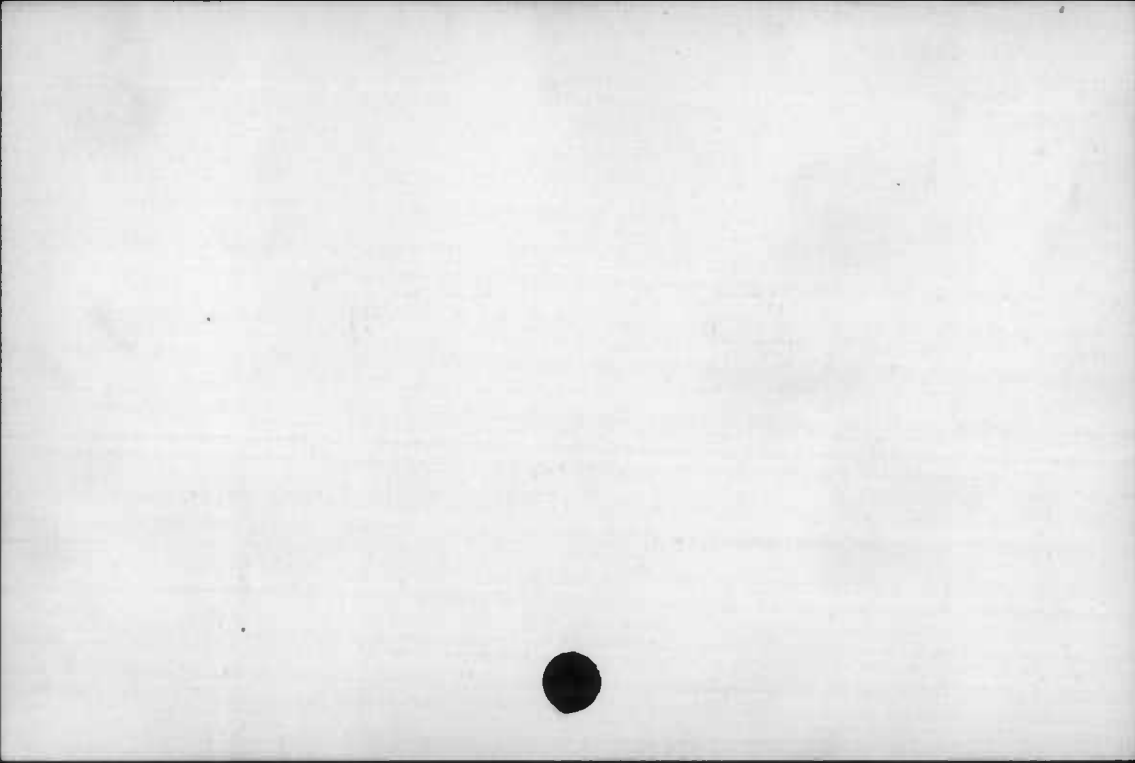
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mann		County Sumner		MARYLAND				
Date of death		19	10	Month 4	Day 23	Age	Years	Months 9	Days	
Sex		Female		Color or Race		White		Birth- place		Indiana
Occupation				—		Where Residing if not at place of death				—
Married, Single or Widowed				—		Name of Wife or Husband				—
Father's Name				J W McClary				Father's Birthplace		Madison Co Ind
Mother's Maiden Name				Anna E McClary				Mother's Birthplace		"
Name of person giving Information				J W McClary				How related to deceased		Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
9		Address	
Accident or Suicide?		F. O. Adams	



Name
in
Full

Jesse McGraw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		April	28	96	no	no	
Sex		Color or Race		Birthplace			
Male		White		Fairmount			
Occupation				Where Residing if not at place of death			
Opdenman				Upper Fairmount			
Married, Single or Widowed		Name of Wife or Husband					
Widower		Jesse McGraw					
Father's Name				Father's Birthplace			
Jesse McGraw				Jesse McGraw			
Mother's Maiden Name				Mother's Birthplace			
Dora McGraw				Dora McGraw			
Name of person giving information				How related to deceased			
Jack McGraw				Son			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	General Debility	How long	2 years
Immediate	Old age	How long	Two years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr. E. S. Miles	
		Address	
		Upper Fairmount	
Accident or Suicide?			
9			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George H. Malone
 Died at Mt Vernon Town Southern County
 Date of death 1960 Apr Month 24 Day Age 70 Years Months Days
 Sex Male Color or Race White Birth-place Memphis, Tenn.
 Occupation Truck Driver Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband Mary J. Malone
 Father's Name William Malone Father's Birthplace Michigan
 Mother's Maiden Name Michigan Mother's Birthplace Michigan
 Name of person giving Information John H. Malone How related to deceased Son

CAUSES OF DEATH

Primary

Pneumonia

How long

92

How long

1 week

Immediate

Are the name, age, sex, color, date and place correctly given above?

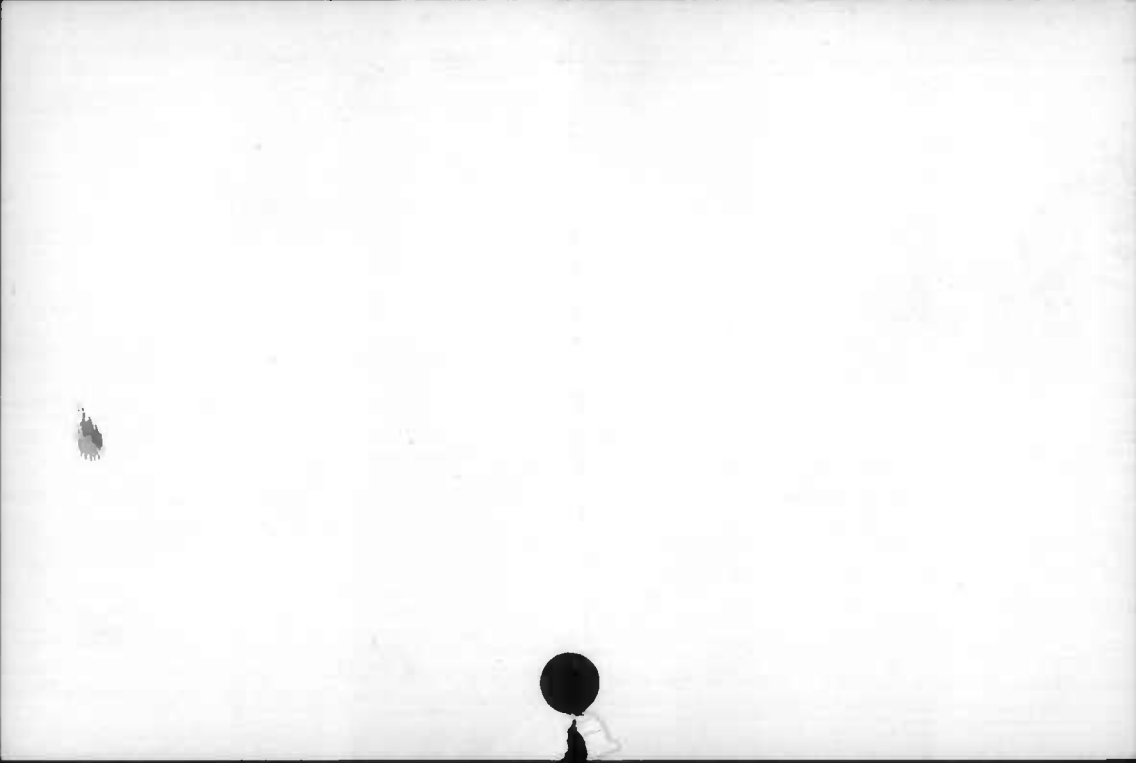
Yes

Signature of Physician

Address

H. J. Barnes M.D.
Prince Georges County Md.
P.O. No. 2.

Accident or Suicide



Name
in
Full

Infant

Males

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Mankin* TownCounty *Somerset*

MARYLAND

Date
of death *1910*Month *4*Day *23*Age *Years*

Months

Days

Sex *Male*Color or
Race*Black*Birth-
place*Maries*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Robert Miles*Father's
Birthplace*Somerset Co*Mother's
Maiden Name*Henny Johnson*Mother's
Birthplace*11*Name of person giving
In formation*Isabel Johnson*How related
to deceased*Brother's*

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

F. J. Adams



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant *Wmurray* County *Somerset* MARYLAND

Died at *Mt Vernon*

Date of death 19*40* *Apr* *24* Age *24* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *—*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *George H. Murray* Father's Birthplace *Somerset Co.,*

Mother's Maiden Name *Myrtie C. Curtis* Mother's Birthplace *Somerset Co.,*

Name of person giving Information *George H. Murray* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Stell born* *S* How long *✓*

Immediate *Yes* How long *—*

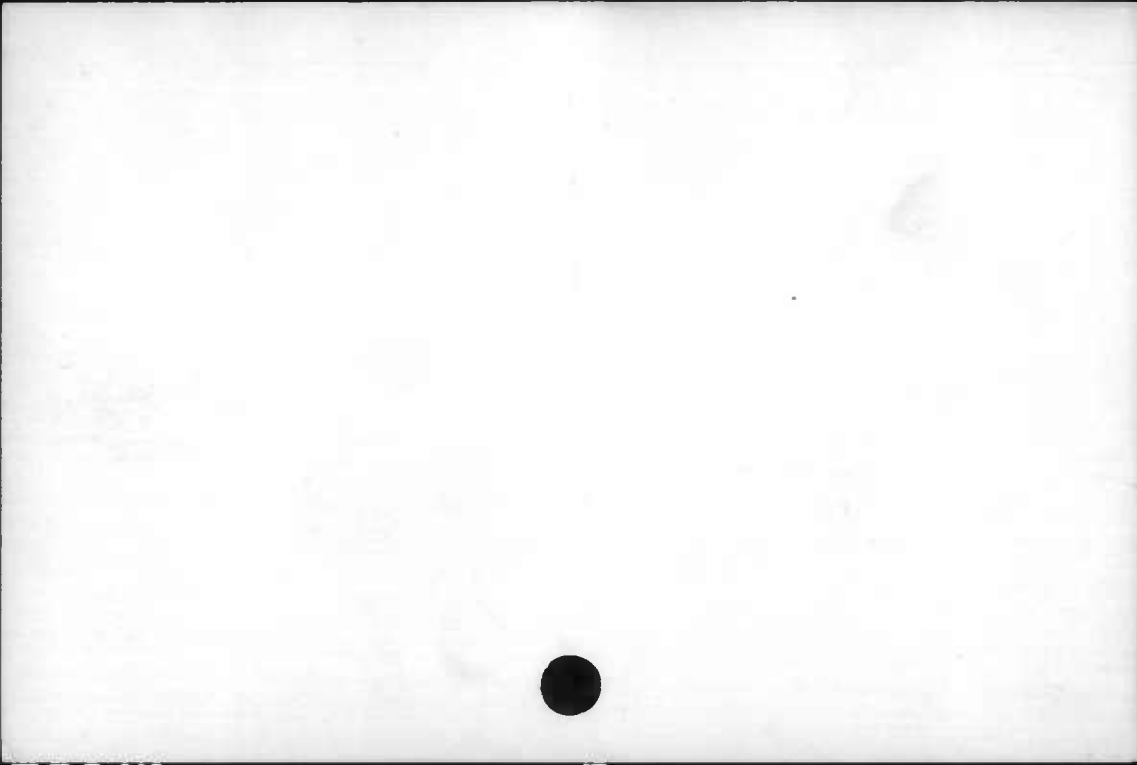
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. A. Barnes M.D.*

Address *Chicopee Mass*

Accident or Suicide *—*

P.D. No. 2



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

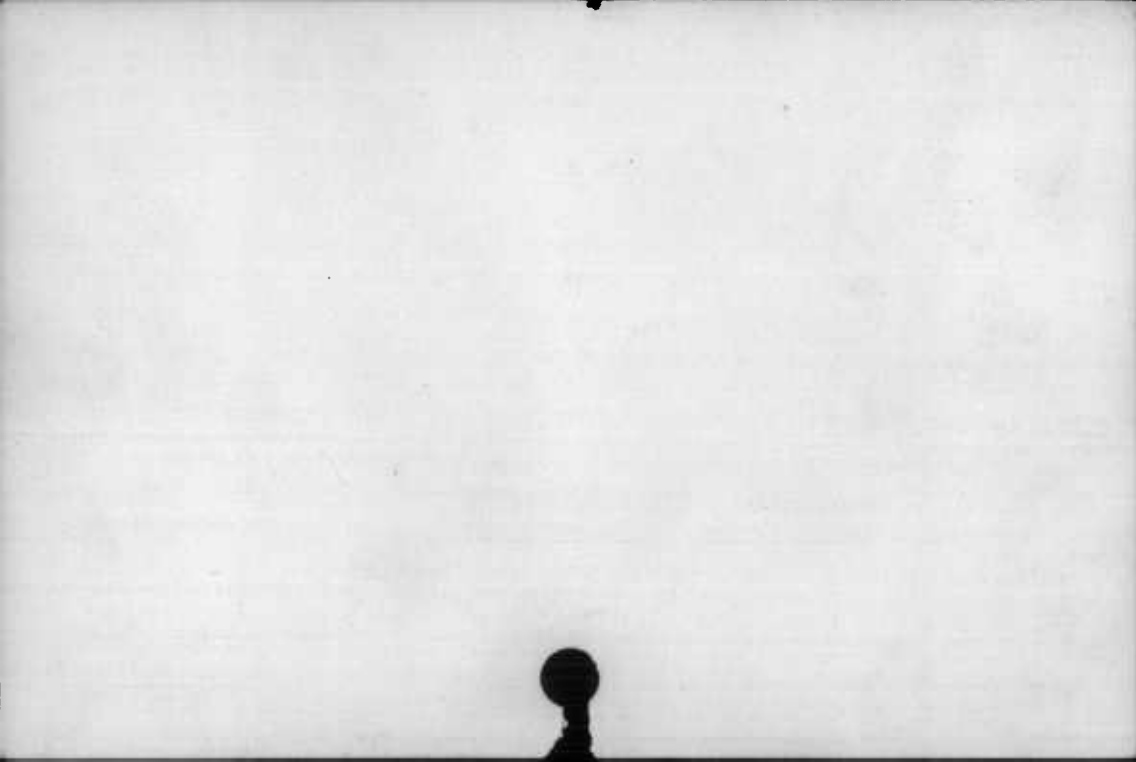
Name <i>George Reese</i>		Town <i>Princess Anne</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Princess Anne</i>		Month <i>April</i>		Day <i>24</i>		Months <i>5</i>	
Date of death <i>1910 April 24</i>		Age <i>60</i>		Y <i>60</i>		Days <i>5</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Somerset Co</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Habruah, Md.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Reese</i>					
Father's Name <i>Wm Reese</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Not known</i>		Mother's Birthplace <i>—</i>					
Name of person giving In formation <i>James E. Beach</i>		How related to deceased <i>Son-in-law</i>					

CAUSES OF DEATH

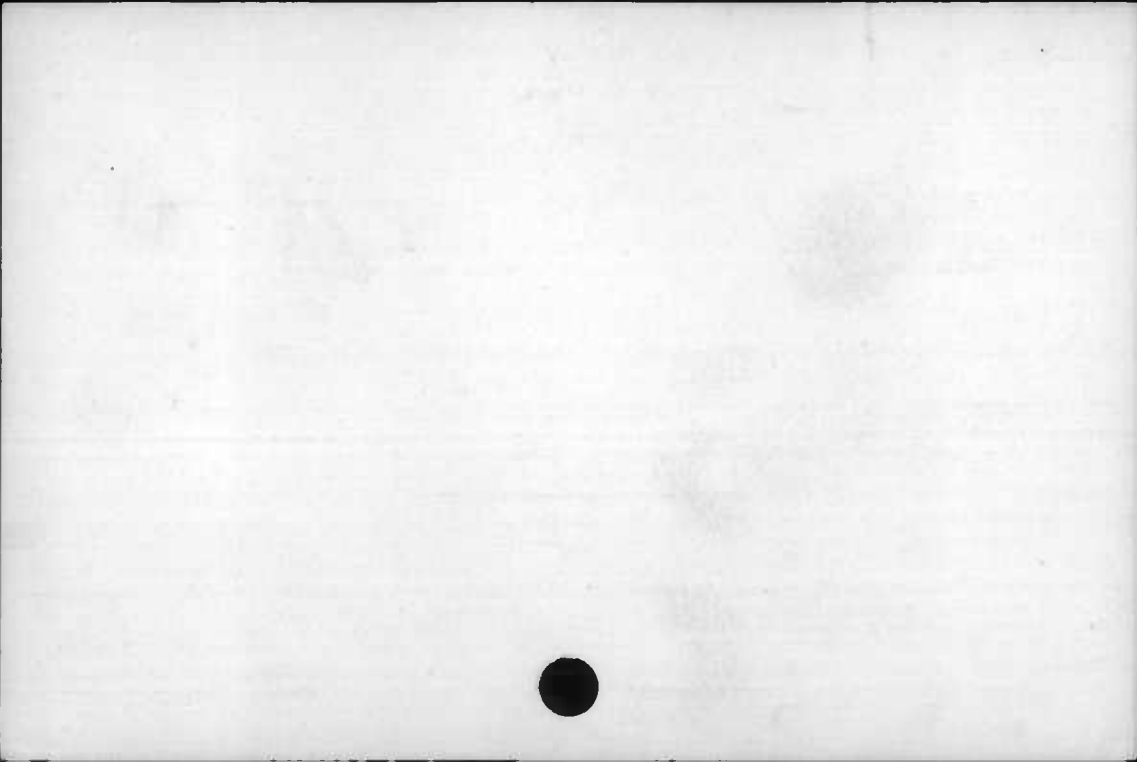
154

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>6 yrs</i>
Immediate <i>Heart failure</i>	How long <i>Two moments</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry M. Sanford</i>
<i>No</i>	Address <i>Baltimore Md</i>
Accident or Suicide? <i>No</i>	



Name in Full		Brooks Robinson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Kings Creek		Somerset		MARYLAND	
	Date of death	1940	April	7 th	Age	7	Months
	Sex	Male		Color or Race	Black		Birth-place
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Rufus Adams				Father's Birthplace	Somerset les
	Mother's Maiden Name	Nettie Robinson				Mother's Birthplace	Somerset les
Name of person giving information	Clarence Hitch				How related to deceased	Uncle -	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Broncho Pneumonia				How long	One month
	Immediate	Broncho Pneumonia				How long	One month
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
	Accident or Suicide?				Upper Fair mount		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Becky Selby
Died at *Crisfield* County *Somerset* MARYLAND
Date of death 1900 *Apr* *16* Age *70*
Sex *Female* Color or Race *Black* Birth place *Edwards va*
Occupation *Domestic* Where Residing if not at place of death *Crisfield, Md*
Married, Single or Widowed *Widow* Name of Wife or Husband
Father's Name *Manfred Selby* Father's Birthplace *No Record*
Mother's Maiden Name *No Record* Mother's Birthplace *No Record*
Name of person giving Information *Thos Selby* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cirrhosis Liver-Ascites* How long *Don't know*
Immediate *Asthemia General* How long
Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *M. H. Coulbourn*
Address *Crisfield, Md*
Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Not Named *Shore*
Town County

MARYLAND

Date
of death

1940 Apr

Month

Day

25th

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Som. C.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Nama of Wife or
Husband

Father's
Name

Isaac Shore

Father's
Birthplace

Som. C.

Mother's
Maiden Name

Fannie Wise

Mother's
Birthplace

Som. C.

Name of person giving
Information

Isaac Shore

How related
to deceased

Father

CAUSES OF DEATH

Primary

Congenital debility

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

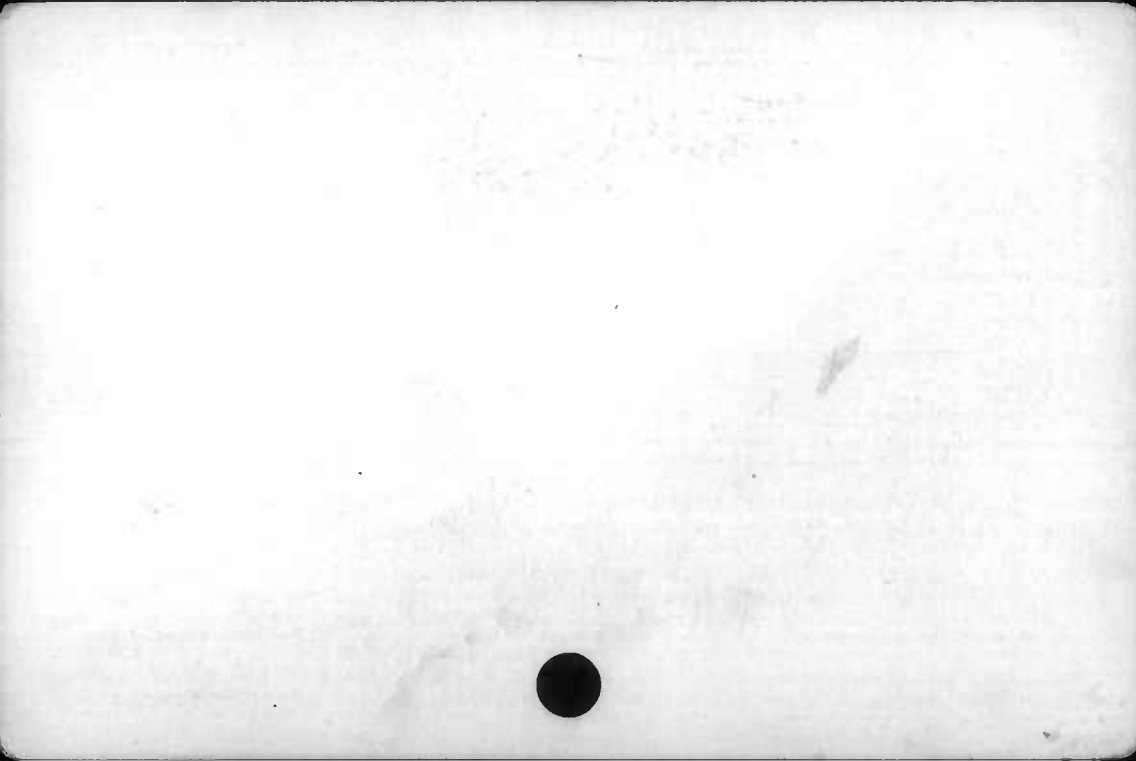
Signature of
Physician

Address

S. J. Winder, M.D.
Baltimore, Md.
Som. C.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Henrietta Shreeves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at Princess Anne Somerset MARYLAND
 Date of death 1910 April 1 Age 33
 Sex Female Color or Race Colored Birth-place Somerset Co
 Occupation Housewife Where Residing if not at place of death —
 Married, Single or Widowed Widow Name of Wife or Husband John Shreeves
 Father's Name Frank Bacon Father's Birthplace Wid
 Mother's Maiden Name Louisa Miles Mother's Birthplace Wid
 Name of person giving Information Frank Bacon How related to deceased Father

CAUSES OF DEATH

Primary Carcinoma of Uterus 42 How long 42
 Immediate Exhaustion How long 48 hours
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician Henry M. Sanford
 Address Princess Anne Md.
 Accident or Suicide No

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Zechariah Sterling
Town *Lawsonia* County *Lanier*

MARYLAND

Died at *Lanier*
Date of death 19*01* Month *April* Day *6* Age *73 or 74* - Months - Days -

Sex *male* Color or Race *white* Birth-place *Ind.*

Occupation *Waterman* Where Residing if not at place of death -

Married, Single or Widowed *married* Name of Wife or Husband *Sarah E. Sterling*

Father's Name *Wm Sterling* Father's Birthplace *Ind.*

Mother's Maiden Name *Sallie Nelson* Mother's Birthplace *Ind.*

Name of person giving Information *Sarah E. Sterling* How related to deceased *wife*

CAUSES OF DEATH

Primary *Tuberculosis* How long *29* *Several years*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician
Address

Accident or Suicide *W*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

4000

3000

7000

8000

11500

5000

1200

5000

5500

7100

9000

1250

5550

4500

4500

5500

1050

1800

839.50

Name
in
Full

Elwood Sturgis.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

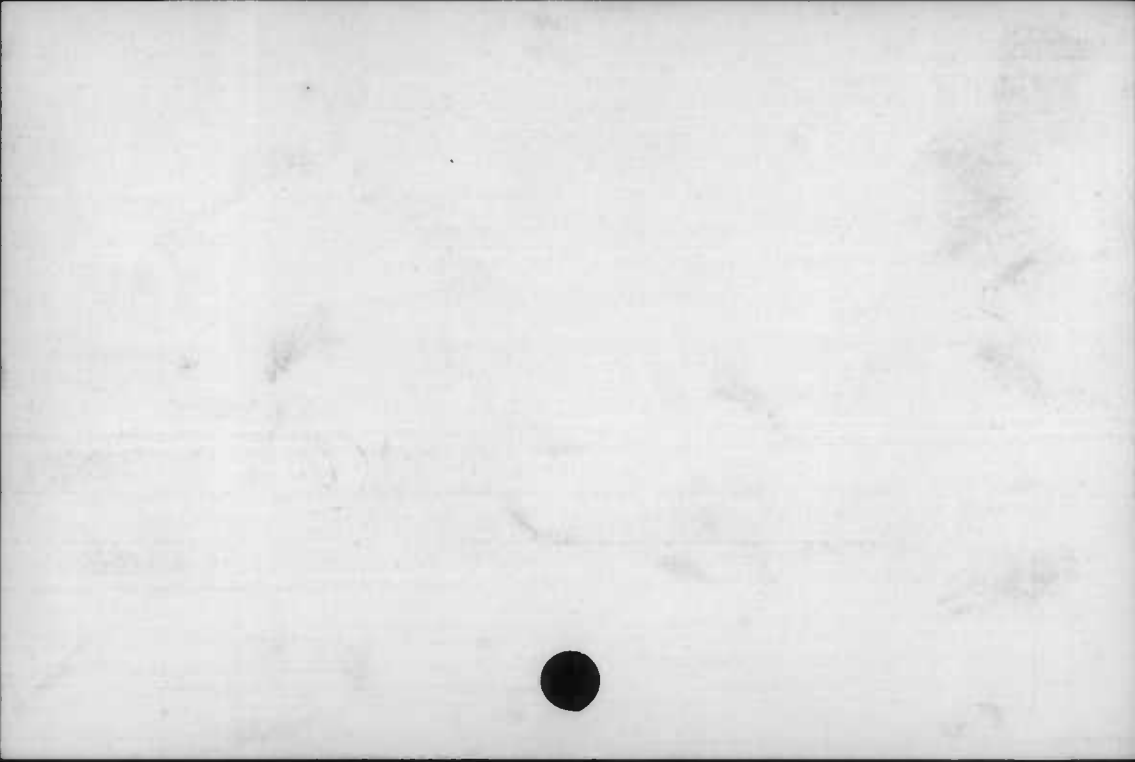
Died at <i>Princess Anne</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death	19 <i>10</i>	Month <i>4</i>	Day <i>21</i>	Age <i>4</i> Years	Months <i>3</i> Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Phetor, Pa.</i>		
Occupation <i>✓</i>			Where Residing if not at place of death <i>Princess Anne</i>		
Married, Single or Widowed <i>✓</i>			Name of Wife or Husband <i>✓</i>		
Father's Name <i>Jim Sturgis</i>			Father's Birthplace <i>Princess Anne</i>		
Mother's Maiden Name <i>Anna Miles</i>			Mother's Birthplace <i>Princess Anne</i>		
Name of person giving information <i>Jim Sturgis</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary	<i>Anterior Polymyelitis</i>	How long	<i>One week</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Catherine F. Lankford</i>	
		Address <i>Princess Anne</i>	
Accident or Suicide? <i>No</i>		<i>mal</i>	



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Kirk Sutton* Town *Crisfield* County *Somerset* MARYLAND

Died at *Crisfield*

Date of death 19*60* *Apr* *30* Age *17* *4* Months *4* Days

Sex *Male* Color or Race *Blk* Birthplace *Smiths Island Md*

Occupation *Trapperman* Where residing if not at place of birth *Smiths Crisfield, Md*

Married, Single or Widowed *Single* Name of Wife or husband *None*

Father's Name *Judson Sutton* Father's Birthplace *Pa*

Mother's Maiden Name *Harriet (Aunt know)* Mother's Birthplace *Pa*

Name of person giving Information *Belle Sutton* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

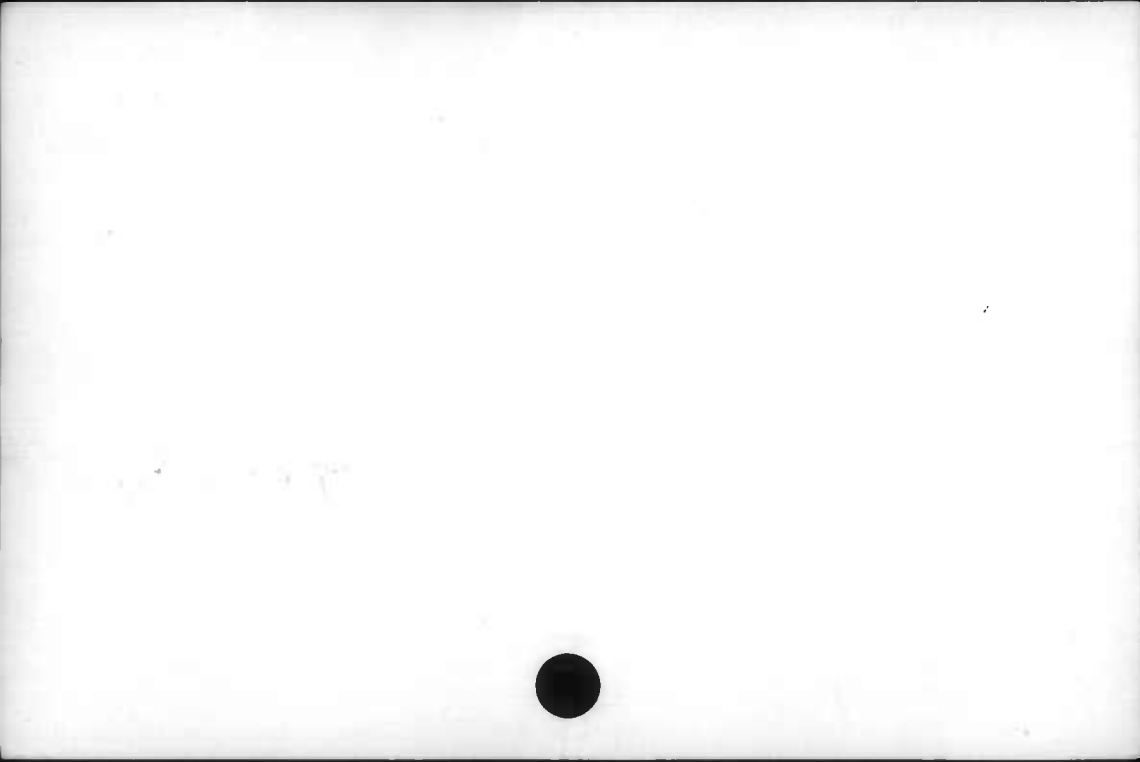
Primary *Influenza* *(28)*

Immediate *Pulmonary Phthisis* *(27)*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Wm H. Coulbourn MD*

Address *Crisfield, Md*

Accident or Suicide *No*



Name
in
Full

Chas H. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Massillon		County Somerset		MARYLAND	
Date of death		Month	Day	Age	Months	Days	
1900		Apr	12		7 mo	10	
Sex Male		Color or Race Black		Birth-place Somerset Md			
Occupation Child				Where Residing if not at place of death			
Married, Single or Widowed Child		Name of Wife or Husband Child					
Father's Name Frank Thomas				Father's Birthplace Somerset Md			
Mother's Maiden Name Lida Whittington				Mother's Birthplace Somerset Md			
Name of person giving Information Frank Thomas				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Inanition		How long all its life	
Immediate General exhaustion		How long Gradual	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. J. G. B. Allen	
Accident or Suicide		Address Massillon Md	



Name
in
Full

Sarah Inaer Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lawsonia ^{Town} Somerset ^{County} **MARYLAND**

Date of death 1906 4 ^{Month} 24 ^{Day} Age 7 ^{Years} — ^{Months} — ^{Days}

Sex Female Color or Race Black Birth place —

Occupation School Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband +

Father's Name William Ward Father's Birthplace Lawsonia Md

Mother's Maiden Name Mamie Johnson Mother's Birthplace Lawsonia Md

Name of person giving information — How related to deceased —

CAUSES OF DEATH

Primary

Whooping Cough

How long

3 weeks

Immediate

Bronchopneumonia

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. H. Hurd
Chicago

Accident or Suicide

noPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catherine Webster

Died at

Wt. Fenwick

County

Summit

MARYLAND

Date

of death

1940 April

Day

13

Age

Years

70

Months

Days

Sex

Female

Color or
Race

White

Birth
place

Summit Co.,

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Daniel R. Webster

Father's
Name

Mr. Washburn

Father's
Birthplace

Summit Co.,

Mother's
Maiden Name

Mary Washburn

Mother's
Birthplace

Summit Co

Name of person giving
Information

D. R. Webster

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Cancer

Liver &
Intestines

How long

40

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

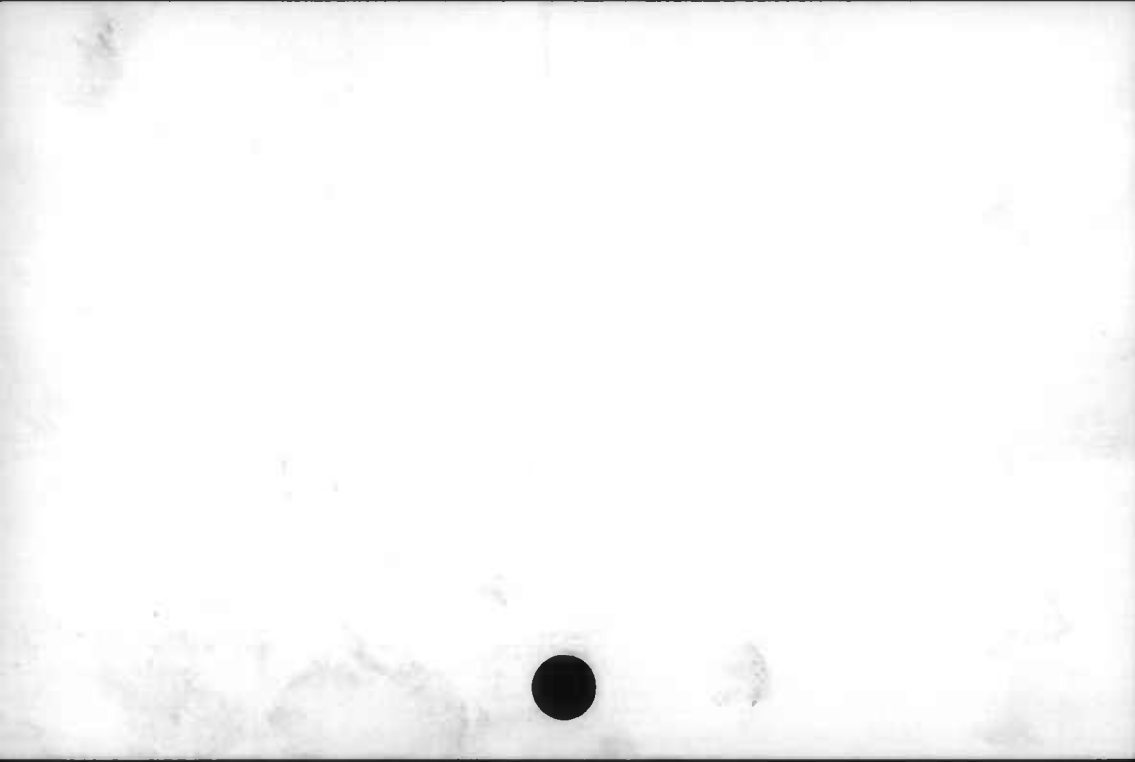
H. A. Barnes M.D.
Principles Avenue Md
F. D. No. 2.

How long

3 years

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Deal Island ^{Town} white ^{County} Somerset MARYLAND
Date of death 1910 ^{Month} April ^{Day} 5 ^{Years} — ^{Months} — ^{Days} 6
Sex Female Color or Race Black Birth-place Ind
Occupation — Where Residing if not at place of death —

~~Married~~ Single
or Widowed

Name of Wife or
Husband

Father's
Name

Frank, White

Father's
Birthplace

Ind

Mother's
Maiden Name

Mary Hitchens

Mother's
Birthplace

Ind

Name of person giving
Information

Sarah Bride

How related
to deceased

Ind

CAUSES OF DEATH

Primary

Indigestion

How long

6 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

9

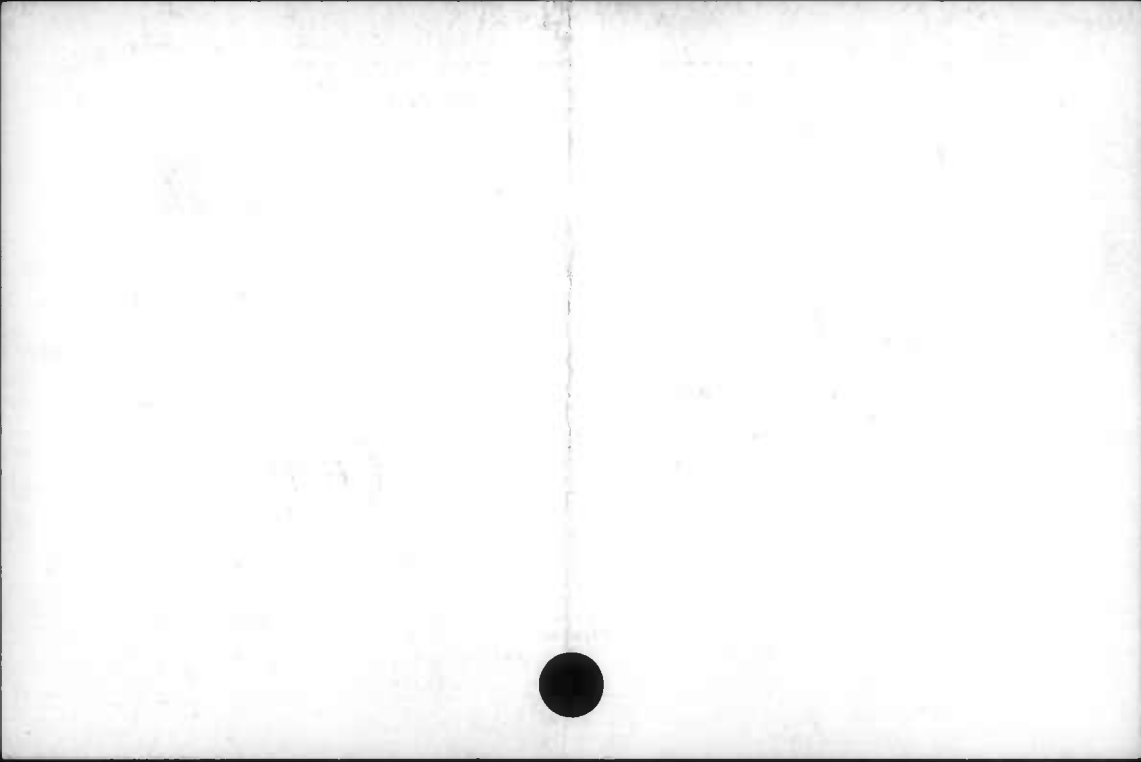
Signature of
Physician

Geo B. Starnes

Address

Deal Island Md
No Physician

Accident or Suicide



Name
in
Full

Clenton J. Wiffall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

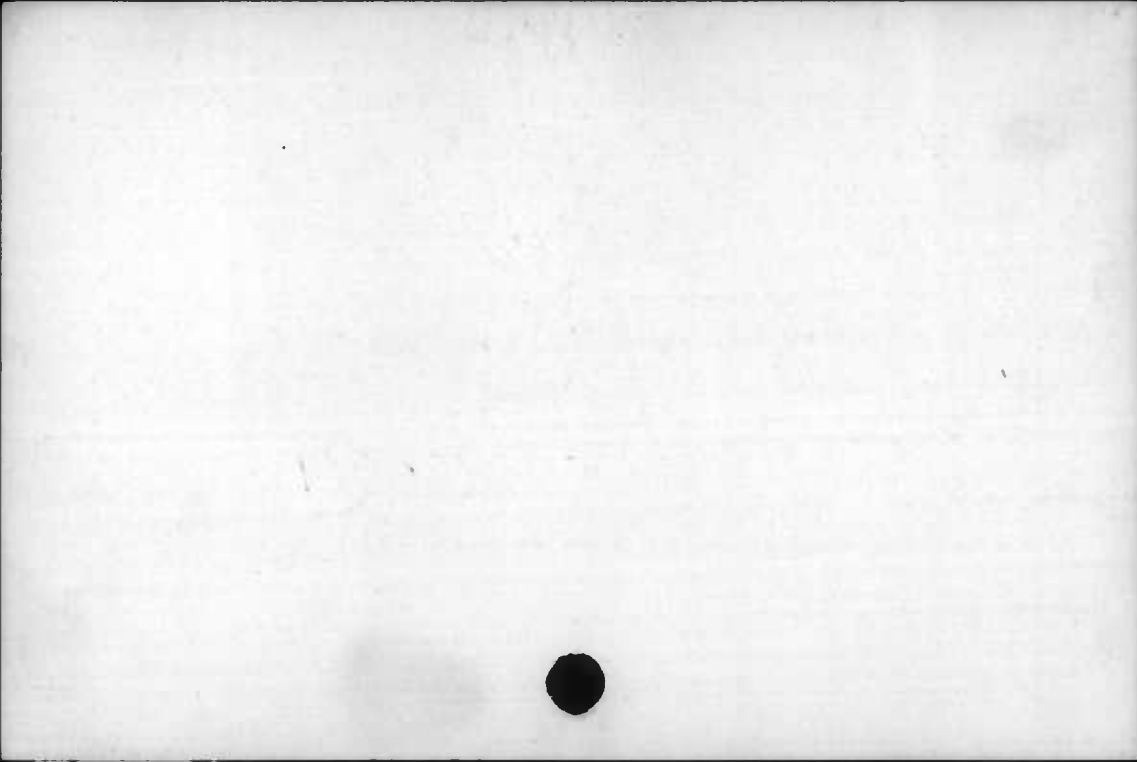
Died at <i>Somers Point</i>		Town <i>Somers</i>		County		MARYLAND	
Date of death <i>190</i>		Month <i>Apr.</i>		Day <i>6th</i>		Age <i>35</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Som., Co.</i>		Months	
Occupation <i>Oyster Man</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed		Name of Wife or Husband <i>Sallie Wiffall</i>					
Father's Name <i>Henry Wiffall</i>		Father's Birthplace <i>South Carolina</i>					
Mother's Maiden Name <i>Emily Stewart</i>		Mother's Birthplace <i>Som., Co.</i>					
Name of person giving information <i>Abraham Wiffall</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>3 mos.</i>
Immediate	<i>asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>S. J. Windsor</i>
		Address	<i>Somers Point Md.</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha Hanny Nelson</i>		Town <i>Princess Anne</i>		County <i>Somerset</i>		MARYLAND	
Died at		Month <i>4</i>		Day <i>9</i>		Years <i>—</i>	
Date of death <i>1910</i>		Months <i>4</i>		Days <i>1</i>			
Sex <i>Female</i>		Color or Race <i>Coloured</i>		Birth-place <i>Princess Anne, Md.</i>			
Occupation <i>✓</i>		Where Residing if not at place of death <i>Princess Anne, Md.</i>					
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>					
Father's Name <i>Robert Cornish</i>		Father's Birthplace <i>Princess Anne, Md.</i>					
Mother's Maiden Name <i>Hanny King</i>		Mother's Birthplace <i>Princess Anne, Md.</i>					
Name of person giving information <i>Robert Cornish</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

92 ✓

PHYSICIAN
OR CORONER

Primary <i>Broncho-pneumonia</i>	How long <i>Two weeks</i>
Immediate <i>Exhaustion</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Bathurst T. Larkford</i>
	Address <i>Princess Anne</i>
Accident or Suicide? <i>No.</i>	<i>Maryland</i>

